In This Issue

Dawn Irons: IDSA: Did they change the Mde? p. 3
Harriet Bishop: Perks from a pistol packin’ Texas Grandma p. 3
Joan Vetter: Hope: An Anchor to my Soul p. 5
Lisa Copen: 8 Reasons to take a break from illness support groups p. 5
Dr. Virginia Sherr, M.D. In Defense of the IDSA: Did they change the Mde? p. 7
Dr. Robert Bransfield, M.D. Lyme Disease: and cognitive impairments p. 9
Laura Zeller The hidden dangers of IV lines p. 13

Obituary: Pamela Truscott Byrne p. 12

Summer Advertising Special! We are now averaging 89,000 hits per month on the PPHA website! Summertime is the height of Lyme Season! Advertising pays off! 50% off online advertising! P. 10 for details

Chronic Fatigue and Fibromyalgia
Expert Creates Comprehensive Recovery Program That Truly SHINEs
by Scott Forsgren
When my quest for bet- ter health began shortly after I fell seriously ill in 1997, one of the most significant resources that I found at the time was a book titled “From Fatigued to Fantastic” by Jacob Teitelbaum, M.D. At the early stages of my illness, I was yearning away from a Lyme diag- nosis, but I knew that something was seriously wrong and “fatigue” was not something that was going to go away soon, I truly felt as though my experience on this planet could be short-lived.

To this day, it is my opinion that “From Fatigued to Fantastic” is by far the best book available on the topic of chronic illness. With the third edition having been released in 2007, I once again became interested in Teitelbaum’s work. It has always been my position that those of us with chronic Lyme disease have numerous issues which must be addressed in order to regain our health. A sole focus on antibiotic treatment to eradi- ciate chronic Borrelia burgdor- feri infection almost always results in sub-optimal treat- ment outcomes. The beauty of Teitelbaum’s work is that he has created a comprehensive program that addresses the many issues that one must con- sider in order to recover from many chronic illnesses.

Whether we call it “Chronic Fatigue” or “Fibromyalgia” or “Lyme dis- ease”, the bottom line is that each of these illnesses has signifi- cant commonalities. There is a trigger which causes the body to become overloaded. The result is that a fuse is blown much like having too many space heaters plugged in may result in tripping a circuit breaker in your home. The body makes the decision that it is time to go “offline” as a pro- tective measure as it is no longer able to manage addi- tional insults. Each of these illnesses is an endpoint for a number of overwhelming stres- ses. The body does not care what “diagnosis” is put on it. Nearly every aspect of Teitelbaum’s protocol applies to chronic Lyme disease just as well as it does to a number of other conditions.

With Lyme disease, one of the “fuse heads” that leads to a fuse being blown is without a doubt the Borrelia burgdorferi infection itself. However, there are numerous other stressors which add to the total body burden of infec- tion and toxicity. These must be considered and addressed in order to pave the way to a recovered state of health. Teitelbaum believes that “we have to unplug the space heater that blows out the fuse before we attempt to turn back on the circuit breaker.” The fuse could have been blown 30 years ago and yet if one unplugs the space heater and turns back on the breaker, the lights will come on. For those patients follow- ing Teitelbaum’s “SHINE” pro- tocol, symptoms improve or, in many cases, the illness resolves entirely regardless of how long the patient has been ill. That is why Teitelbaum cautions that the patient must learn from the illness and adjust their lifestyle appropriately as to not over- load the body in the future. Dr. Teitelbaum has observed that it is often the “Type A per- sonality” or those people that “push through fatigue” that are often impacted the most by these illnesses. The illness is not the enemy. Symptoms are the presentation of a defense mechanism on the part of the body where the body is forced to shutdown in order to pre- serve energy for critical func- tions required to support life.

For those patients following Teitelbaum’s “SHINE” protocol which has been found to successfully treat patients in about 91% of cases. In the majority, patients improve by the fourth month of treatment. They continue to improve over the course of about two years and can then wean off their treatment programs and continue to maintain good health. With the SHINE protocol, Dr. Teitelbaum has seen very promising results in people with chronic Lyme disease.

“SHINE” - cont’d pg 6

A Day of Remembrance: Vaccine Injured March on Capitol Hill
by Barbara Lee Fisher

They came by the thou- sands from all over the America. On June 4, 2008, mothers and fathers with vac- cine injured autistic children marched down the middle of Independence Avenue and ral- led at the foot of the nation’s Capitol. Some parents were linked with, held or pushed their chil- dren in strollers while others, whose children were too severely brain injured to attend, carried signs and pho- tos. They had come to witness, in one way or another, what had happened to their children after vaccination.

The day broke hot and humid with a threat of tornen- tial rains that would have drenched the marchers. But then, the skies cleared and the sun came out in time for the determined parents and their children to gather on the grounds of the Washington Monument and line up behind Hollywood celebrities Jim Carrey and Jenny McCarthy heading the march and the “Green Our Vaccines” rally that would follow. Although the primary message of the march was to call on government health agencies to “remove toxins” from vaccines and “adjust the vaccine schedule” by reducing the numbers of vaccines given to infants simultaneously, NVIC supporters carried signs declaring “No forced vaccina- tion. Not in America.” As NVIC co-founder Kathi Vetter and I walked past the long line of families waiting to begin the march, we and our now-grown children held up the signs featuring the American flag and statute of liberty. All the way down the line, the families of vaccine injured children clapped and cheered the message of freedom that we carried to honor and empower them as we passed.

And while many at the front of the line marching down Independence Avenue chanted “Too many, too soon,” those of us bringing up the back of the line chanted “Hey, hey, ho - ho - forced vaccines have got to go!” with an African American father urging us to shout louder and louder as we approached the Department of Health and Human Services. “Let them hear you,” he yelled. “Tell them what you want.”

I looked at my 36-year old son, who became learning disabled after a neurological reaction to his fourth DPT shot in 1980 when he was two and a half, as he walked beside me resolutely holding up our sign and shouting in a deep voice “Forced vaccines have got to go.” When he was eight years old, I remembered marching in Atlanta in front of the Centers for Disease Control in 1986 with Kathi and the young mothers of babies who had been brain injured or died after DPT vaccination in the 1980’s. We were the first generation to march in protest against toxic vaccines and one-size-fits-all government vaccine policies justified by the utilitarian premise that it is ethical to throw a minority of “Vaccine Injured...” pg 2

Waking Up the Nation, One Reader at a Time.
IN THE NEWS

“Vaccine Injured” ...

children under the bus in service to others.

The second generation, whose children were born in the 1990’s and developed autism after vaccination, held a series of rallies on Capitol Hill sponsored by Unlocking Autism beginning in 2000 when Congressman Dan Burton initiated congressional hearings on the link between autism and vaccines. In the summer of 2005, parents protesting mercury in vaccines marched and rallied on Capitol Hill. Today, the third generation knows that vaccine damage is about more than mercury. It is also about too much vaccination: 48 doses of 14 vaccines given by age six and 69 doses of 16 vaccines federal health officials now say children must get by the time they graduate from high school.

At the rally podium, Jim Carey delivered a remarkable address that was also a sweet love letter to his partner, Jenny McCarthy. He said “Autism is everywhere. It is on every street and every town” and he asked the CDC “How stupid do you think we are?”

Robert F. Kennedy, Jr. and physicians such as Jay Gordon, M.D. and professor of chemistry Boyd Haley, Ph.D. called for removal of toxins from vaccines. Jenny McCarthy, who is the celebrity spokesperson for Talk About Curing Autism Now (TACA), held up the government’s childhood vaccine schedule and said “Parents need to know it is called a recommended schedule, not a mandatory schedule.”

Unfortunately, that may not be true in many states in the future. Lobbyists for drug companies making vaccines, medical organizations representing doctors who give vaccines and government health officials are pressuring state legislators in every state to pass legislation that would automatically turn CDC new vaccine “recommendations” into state mandatory vaccination laws.

This kind of proposed legislation was beaten back in the California legislature by the education efforts of autism activist Rick Rollens last year. But right now, the New York State legislature is about to capitulate to the Forced Vaccination Lobby and force children in New York to use every vaccine the CDC “recom-

mend” or face punishment, including loss of the right to get an education.

A rally of families protesting the proposed legislation was held in Albany, NY at the Capitol Building at 11:30 a.m. on Tuesday, June 10. For more information, go to www.mykids.mychoice.com

I will never forget marching with parents and their vaccine injured children in Washington, D.C. on June 4, 2008. Just as I will never forget all the marches that have gone before during the past quarter century that parents have been asking those who operate and profit from the mass vaccina-

tion system to make vaccines and vaccine policies safer. Three decades of begging is long enough. Now it is time for all Americans - both those with vaccine injured children and those with healthy children - to Stand Up and Be Counted for the human right to make informed, voluntary decisions about vaccination. Our freedom and the biological integrity of this and future generations is on the line. Without the legal right to say “no” to vaccination, the people have no economic or political leverage to protect themselves and their children from toxic vaccines and dangerous vaccine policies.

The next march on Capitol Hill talking about vaccines should be all about free-

dom.

Actor Jim Carey addresses the media about the national problem of vaccine injured children.

www.therasage.com

Far-Infrared Heat Technology

Therasage Home Sauna

with Far-Infrared Heat

Massage Bed

Healing Pad

Made with natural jade stones

Therasage is proud to bring you the world’s largest storefront featuring products with far infrared heat. Far infrared heat has been widely used for its many therapeutic benefits in the Far East for the past twenty-five years and is now becoming very popular in North America.
It’s All About Balance

by Dr. George Winter

How to Breathe and Relax

While most people want to be healthy, not many know how to achieve their goal. Many people do not have a clear understanding of health and well-being. They do not have a clear understanding of what it means to be healthy. They do not have a clear understanding of what it means to be healthy.

In this issue of PHA,

The Inflammatory Disease Society of America (IDS), one of the largest medical societies in the United States that boasts of 8,000 members, has recently been involved in investigations for anti-trust violations by the Attorney General of Connecticut, Richard Blumenthal.

The medical establishment has used this principle in training generations of physicians.

The principle has also been expressed with many analogies. Who hasn’t heard a Doctor tell their patient that when you hear hoof beats you should assume it is a horse and not a zebra.” (Be sure to read Dr. Virginia Sherr’s article entitled in Defense of the Zebra in this issue of PHA.)

By Harriet Bishop

What do you think of when you hear the word “balance”? A graceful ballerina dancing on her toes? An agile gymnast balancing on a beam? A new pair of athletic shoes? What does balance mean to you?

All these different meanings have significance for people who are managing the demands of chronic illness in their lives, and upset the delicate balance between laundry loads.

Occam’s Razor...cont’d pg 4

The principle has been used in the United States for many years.

The most elementary form of definition for Occam’s Razor is probably the old adage, “If it looks like a duck, waddles like a duck, and quacks like a duck, it is probably a duck!” In other words, Occam’s Razor is the logical conclusion that the simplest explanation is the best answer.

Logical Simplicity vs. Complex Contradictions

The Infectious Disease Society of America (IDS), one of the largest medical societies in the United States that boasts of 8,000 members, has recently been involved in investigations for anti-trust violations by the Attorney General of Connecticut, Richard Blumenthal.

These two organizations, with the publication of “Texas Bug Book.” Because I explained that its favorite food is…you guessed it…slugs! Soon I needed larger planters, and discovered that the bottom two inches of a plastic water bottle works better than a shallow jar lid.

The principle exemplified beautiful simplicity.

Where is the LOGIC in that?

Unfortunately the patients are the ones who suffer as collateral “Occam’s Razor”...cont’d pg 4

Investigating Modes of Lyme Disease Transmission

The IDS vs. ILADS debate remains unchanged. Unfortunately the patients are the ones who suffer as collateral damage. Where is the LOGIC in that?

Dr. James Schaller, M.D.

The PHA is committed to educating the public about Lyme Disease and other chronic illnesses of unknown origin. The PHA has joined our forces with local and national organizations, including:

Our choice was Lyme disease. The person went so far as to say that other physicians nation wide what the Lyme disease would have been.

Where is the LOGIC in that?

The immune system of the person had used this principle in this showdown published guidelines that stated that Lyme disease was easily diagnosed and curable with 28 days of antibiotics. They stated that symptoms of persistent then there was likely some other problem going on-but the Lyme disease was not a “cured” disease. (ILADS the underdog in this showdown had a simple solution that the Occam’s Razor principle exemplified beautiful simplicity. There were so many weeks of antibiotics patients who were managed for Lyme disease then they would treat until the symptoms sub- sided because clearly they were still dealing with Lyme.

Now I am not a brain surgeon, but in my layman’s opinion the simplest solution would be that the 28 days of treatment was inadequate to cure the disease and that more treatment would be warranted. I think it takes some fancy gymnastics (or a limber contortionist) to jump to the conclusion that after 28 days of antibiotics, with persisting symptoms, that the disease has completely resolved. Lyme disease entirely, but the person was now “cured” of Lyme disease. Where is that LOGIC in that?

The PHA is a privately owned business and has the right to refuse publication of any advertisements or comments we deem inappropriate.

Disclaimer: This newspaper is for informational and educational purposes only and does not constitute medical or legal advice. Read articles in this newspaper not intended to prevent, diagnose, treat or cure dis- This principle exemplified beautiful simplicity.

The immune system of the person had used this principle in this showdown published guidelines that stated that Lyme disease was easily diagnosed and curable with 28 days of antibiotics. They stated that symptoms of persistent then there was likely some other problem going on-but the Lyme disease was not a “cured” disease. (ILADS the underdog in this showdown had a simple solution that the Occam’s Razor principle exemplified beautiful simplicity. There were so many weeks of antibiotics patients who were managed for Lyme disease then they would treat until the symptoms sub- sided because clearly they were still dealing with Lyme.

Now I am not a brain surgeon, but in my layman’s opinion the simplest solution would be that the 28 days of treatment was inadequate to cure the disease and that more treatment would be warranted. I think it takes some fancy gymnastics (or a limber contortionist) to jump to the conclusion that after 28 days of antibiotics, with persisting symptoms, that the disease has completely resolved. Lyme disease entirely, but the person was now “cured” of Lyme disease. Where is that LOGIC in that?

The PHA is a privately owned business and has the right to refuse publication of any advertisements or comments we deem inappropriate.

Disclaimer: This newspaper is for informational and educational purposes only and does not constitute medical or legal advice. Read articles in this newspaper not intended to prevent, diagnose, treat or cure dis- This principle exemplified beautiful simplicity.

The immune system of the person had used this principle in this showdown published guidelines that stated that Lyme disease was easily diagnosed and curable with 28 days of antibiotics. They stated that symptoms of persistent then there was likely some other problem going on-but the Lyme disease was not a “cured” disease. (ILADS the underdog in this showdown had a simple solution that the Occam’s Razor principle exemplified beautiful simplicity. There were so many weeks of antibiotics patients who were managed for Lyme disease then they would treat until the symptoms sub- sided because clearly they were still dealing with Lyme.
"Occam’s Razor” ...cont'd from pg 3
damage when the doctors do not agree.
There is much medical controversy over the possible modes of transmitting Lyme disease. IDSA pretty well sticks to the theory that Lyme is only transmitted by the bite of a deer tick. ILADS believes there have been numerous confounding and controver-
sial cases that would warrant a closer look with some serious research (those without conflicts of interest).

The two schools of thought rarely find common ground in their approach to the illness. Edward McSweegan, Ph.D., the former principal offi-
cer for Lyme disease at the National Institute of Health’s (NIH) National Institute of Allergy and Infectious Diseases was released from his duties after he spoke out on the inter-
net about what he felt was the lack of serious research about the disease. McSweegan fur-
ther criticized the Lyme Disease Foundation (LDF) as being a source of misinformation about the disease. Dr. McSweegan went on to publish a website called “Quackwatch”. This site was designed to debunk unscientific and inaccurate information about Lyme disease. McSweegan fur-
ther criticized the Lyme Disease Foundation (LDF) as being a source of misinformation about the disease.

Quoting from his web-
site, we quote Dr. McSweegan adaman-
tly, “At least a few LLMDs (Lyme Literary Medical Doctors) appear to be telling patients that Lyme is sexually transmitted and therefore their family mem-

bers should be tested. One per-
son reported to Quackwatch that he had been tested and told that the test was positive and that a 4-5 month course of antibiotics was neces-
sary.”

There is no basis for such advice or beliefs. Lyme infections are acquired from the bite of an infected tick. People are “infected” hosts and do not spread Lyme infections to others. “This is a fact of which he is absolutely certain.”

Unfortunately for McSweegan, the scientific evi-
dence does not seem to support his theory. In fact, the research that has been done regarding the trans-
mission of Lyme disease has significant find-
ings and suggests that further research be done. In April of 2001, Dr. Terrence Bach pre-
sented his research titled “Recovery of Lyme Spirochetes by PCR in Maternal-fetal Blood: Previously Diagnosed Lyme Disease Patients with Maternal-fetal Disease.”

As the study progressed there were 100% positive results of semen and vaginal samples of Lyme titers and PCR blood testing in the sexual partners of Lyme infected patients.

I suppose that is good news for the hamsters, but not so much for the human. In 1985, researchers published the first proof of maternal-fetal transmission of Borrelia burgdorferi (Bb). A baby died shortly after birth and Bb spiro-
chetes were found in the infant’s spleen, kidney, and bone marrow. (Schlesinger P, Duray P, Brodie B, Shearer E. Stillman A. Maternal-fetal transmission of the Lyme dis-
date miscarriages, still birth, neonatal death and congenital Lyme disease have all been described in the medical litera-

There have been several studies that have shown the gestational Lyme disease paral-
lizes the development of embryos. (Gestational Lyme Borreliosis: Implications for the Fetus, A.B. Mac Donald, Southampton Hospital, NY.)

Antiparasites and clinical studies have associated gesta-
tional Lyme Borreliosis with unfa-

The New York Blood Center will accept Lyme patients blood if they are symptom free and are through with treatment. If you have symptoms they will defer you for 6 months. At that time they will accept your blood again even if you have not received treatment for the disease.

There are studies that show that both Borrelia burgdorferi and Babesia microti and WA-1 parasites remain viable under normal circumstances. There is the lack of consensus on what protocols are in place concern-
ing blood and organ donation. This should be a cause for concern for all. There is no question of consensus on what protocols are in place concern-
ning blood and organ donation. This should be a cause for concern for all.

While the medical con-
troversy rages on, pride and ego set aside, who will accept your blood and organ donation and con-
nect the dots of the information that has significant findings but needs further research?

We know that:
Borreliaburgdorferi (Bb) spirochetes have been transmitted in fluid samples of breast milk, semen and vagi-
nal fluids.

“Occam’s Razor”... cont. pg 12
Eight Reasons to Take a Break From Illness Support Groups

By Lisa Copen

Upon the diagnosis of an illness everyone, including your doctor, likely tells you to go to a support group. Research has shown that support groups can be extremely helpful in how one cope with disease. And, yet, not everyone finds a group to be the answer to the kind of support for which they are searching. Like any kind of group, there are some support groups you will "click" with and others you will not. So don't rule out all support groups just because one doesn't seem like a good fit.

But a support group really necessary right now? Where you are looking for a amplying support group in New York City or an Aspberger's support group in Dallas, the real question may be, is this a season in your life when you need the support that a small group offers? Just as changes occur while we live with illness for decades there are seasons in our life when an illness support group may be where we find our very best friends. Other times it may feel like we have no desire, or even need, to attend.

Below are eight tips to help you decide if a support group is something you may or not even need right now.

1. You are coping well with the day-to-day aspects of living. You think about your illness non-stop and are simply too busy living life.
2. You have a solid group of people who have a good influence. Friends or family members are supportive in your efforts to manage your best life, even possible despite having an illness.
3. You don't experience feelings of anger, bitterness or resentment towards healthy people at least on a regular basis. You can have relationships with people of comparable life experience of ever entering your thoughts.
4. You easily carry on conversations with people who have not ever bring up the topic of your illness. You don't feel like a patient on a bus with a fundamental part of you who are that is necessary to describe your medical situations and longitudes to total strangers.
5. You don't watch others. You have overcome any anxieties you may have previously felt toward people who may have health, but who do not seem to appreciate illness.
6. You have found that when you sit around at support group meetings talking about the life with illness, you really leave feeling that you are not a support group you are in is more depressing than refreshing and feel like your support group doesn't seem to be helpful.
7. You are able to be a good listener for others. When you need information on symptoms or tips about living with your illness, you are equipped to find the information you need.
8. You have found at least one dear friend who lives with illness. Being able to openly with a good friend who has a realistic idea of what you are coping with can be extremely helpful in your daily living skills. You have the chance to have their target ideas of other woman who understand the details and "language" of illness.

If any of these examples above sounded like a description of where you are at with support groups, it's likely you don't really need a support group right now in order to live emotionally healthy with a chronic illness. However, if you are surprised to find that you could be an excellent leader of an illness support group. All of the statements above can be an easy way to create a proposal for starting up a support group.

The best support groups are often led by people who have overcome the daily frus- trations and bitterness that accompany illness during the first years of diagnosis. The fact that you are past the initial stages of having an illness can greatly benefit a group of people still suffering with them. You have the chance your support group is not call- ing then go enjoy other things that you feel passions about.

Remember, there are friends in wonderful support groups who will call when they need you.

Lisa Copen was diagnosed with rheumatoid arthritis at the age of 24. She is the founder of Rest Ministries, an online support group for chronically ill women. She has been married for 25 years and the mother of two adult children. She lives in Edmonds, Washington and office in the International Aglow Aglow is to give beauty for the less beautiful, refreshes and rejuvenates. It is to give sight, hope, and the opportunity to live with purpose and passion. In order to live brilliantly and with purpose. I heard of a minister who effectively with power by a simple question. The Holy Spirit revealed to him that many people were ready for a new life. They were prodigals in a prodigal's story. So he simply asked this question: How many of you sitting here were prodigals at one time? Almost everyone stood up. The Lord couldn't have been more pleased - he needed to say no more! Hope sprang forth in people's hearts. Let's envision the script- ture in Hebrews 6: 19. We are encouraged to lay hold of the hope we set before us, and then told that it is an anchor of the soul. I like that as I picture a anchor in the middle of a tumultuous sea. The anchor keeps it steady. That's how our souls are being anchored - regardless of the turmoil around us! The Message Bible states it this way: "Who have run for our very lives to God have every reason to grab the prom- ised hope with both hands and never let go. It's an unbreak- able spiritual lifelong, reaching out from forever to the very presence of God where Jesus, running on ahead of us, opposes all the forces of evil in order to lead us safely through to the very end."
improve sleep include: Trizadone, Klonopin, Neurotin, or Lyrica.

H - It is common for Dr. Teitelbaum to see low thyroid function and thyroid antibodies in many patients with chronic illness. These must be evaluated and treated in concert in order to support the body's recovery. Unfortunately, many conven-
tionally trained doctors have such a low bar of normal that the average doctor may consider these to be non-existent and yet, the patient is not functioning in the "optimal" range for health. Dr. Teitelbaum believes that doctors rely too much on blood tests and finds that these tests are often too insensitive. In most cases, conventional lab testing does not look at the optimal range for function, but rather looks at only the rare extremes as out of the normal range. For example, of 100 people, only the bottom 2.5% may be considered low and the top 2.5% considered high. This leaves 95% in the "accept-
able" or "normal" range. Even then in fact they are not in the "ideal" range to support optimal function and recovery.

I = INFECTIONS.

Evaluate presence of infections and treat when pres-
ent. Underlying viral, bacterial, parasitic, and fungal issues must be addressed as they con- tribute to the illness. The following are some impor-
tant points of each of the com-
ponents of the "SHINE" proto-
col.

N = NUTRITIONAL SUP-
PLEMENTS.

NUTRITIONAL SUPPLEMENTS

NUTRITIONAL SUPPLEMENTS. Nutritional supplements are essential. Many patients with chronic illnesses are nutri-
tionally depleted. Often, spe-
cific nutrients must be provided at high doses in order to pro-
vide the body the necessary building blocks for healing.

E = EXERCISE.

"E" was an evolution of Teitelbaum's "SHINE" protocol.

Dr. Teitelbaum observed that those patients who did best with their recovery were those that incorporated an "exercise as able" component into their protocol.

Each component of the "SHINE" protocol is evaluated. The following are some impor-
tant points of each of the com-
ponents of the "SHINE" proto-
col.

S - The "face that is blazed" in these chronic ill-
esses is the hypothalamus. The body is trying to overcompensate or balance it as a way of protecting itself and it can generate the hypothyroidism. The body is also trying to overcompensate in order to limit further damage to the organs. The hypothalamus is the body's way of protecting itself and it can generate the hypothyroidism. At a lower level, this hypothalamic hyperfunctioning condition results in hormonal problems as well as an inability to attain the restful sleep required for recov-
er.

Dr. Teitelbaum prefers the natural options such as Valerian, Passion Flower, Wild Lettuce, Hops, Jamaican Dogwood, and Threan. He has created a formula called "Revitalizing Sleep Formula" which works well to support healthy sleep using these natural options. He also finds that a Calcium/Magnesium supplement at bedtime of 1/2 mg of Melatonin can be quite helpful. Even the T3 and T4 thyroid levels may support improving one's quality of sleep. Dr. Teitelbaum is looking at prescription options, Dr. Teitelbaum prefers Ambien. At 10mg per night, this is the single best sleep aid available. Other prescription options which may help

with the "Energy Revitalization System", one drink replaces over 35 tablets of supplements. In addition to the drink, D-Ribose at five grams three times daily for three weeks and then twice daily can significantly improve fatigue.

E - A well-rounded treatment protocol is the key to incorporate exercise. "Exercise as able" is the recommendation of Dr. Teitelbaum. He suggests walking can be a very powerful option. Do only what you can do 5 minutes of walking a day is a great place to start. When your energy production ramps up as one continues one's SHINE protocol, exercise can be increased. It is important to remember that early on in treat-
ment, the body has limited energy and over-exercising can be counter-productive. This may cause the patient to crash.

S = SLEEP.

SLEEP. The vast majority of patients with these fatiguing ill-
esses are infected with HHV- 6, EBV, CMV and other viral infections. The immune system is no longer able to contain these infections and as a result, the causative agent in Lyme dis-
 ease. Blood tests for Lyme are not much better than flip-
ping a coin. Only about half of the people with a "negative" test result are actually negative. Many people with a "positive" test results may not actually have the disease. Those patients with Lyme dis-
ease often have a host of other infections that must be dealt with. For viral issues, Valcyclovir treatment. Dr. Teitelbaum prefers the use of vitamin pow-
ers such as that available in his "Energy Revitalization System". Dr. Teitelbaum has recently been involved in some very promising studies on the use of a product called Corvalon, a sugar known as D-Ribose, which has been found to reduce fatigue by 45% and is now a key component of every patient's recovery program.

Dr. Teitelbaum's SHINE protocol, there has been an increasing awareness around foods that approach illness in a similar manner. Dr. Teitelbaum offers a free newslet-
ter site dedicated to sharing infor-
mation regarding his personal, inte-
ternational, and comprehensive approach to integrative and conventional chronically ill patients.

To make it easy to start getting better, Dr. Teitelbaum has created a com-
pared "CFS & Fibromyalgia Specialist" com-
puter program on his website. This free, patented program will all the tools and information to determine what is causing your CFS/FMS and tailor a treatment protocol to your unique case, so you can start to get well now! You can do the free online program at www.Vitality101.com (click on "Diagnosis and Treatment"

About Dr. Teitelbaum

Dr. Teitelbaum is a board certified internist and medical director of a national chain of Fibromyalgia and Fatigue Centers. He lectures internationally. He is also the author of the best-selling book "From Fatigue to Fantastic!" and "Three Steps to Happiness! Healing through Joy!". "Pain Free 1-2-3: A Proven Program for Pain Relief To Your Door Free!" As a patient advocate, he has a policy of not taking any research funding from phar-
cematic or natural product compa-
nies, and 100% of the royalties from his products go to charity.

About the Author

Scott Forsgren is the founder and editor of BetterHealthGuy.com, a web site dedicated to sharing information regarding his personal, everyday journey through chronic Lyme disease. Scott is a frequent contributor to the Public Health Alert. Scott can be reached at: Scott@BetterHealthGuy.com

Follow the Side bar Q&A Special Segment with Dr. Teitelbaum on page 7.
Sometimes, when physi-
cians hear that there may be a tick-borne cause for the mental symptoms of one of their patients, it prompts a lecture - perhaps an attempt to be help-
ful. A favorite strategy is the recounting of amusing old med-
ic proverbs: “You know, when you hear hoof beats, you should look for horses, not donkeys.” Or “Remember, if you hear barking it usually turns out to be dogs and not foxes.”

What really is implied by the lecturer is that, while the evidence is clear to this psychi-
atrist that someone’s brain and nervous system are on fire from chronic tick-borne infections, it ought to be kept in mind that people have had “horses” since the beginning of time. The use of the maxims suggest that there is no sense in speculating that some new, rare, or exotic cause (bear Lyme disease, ehrliche-
dosis, and babesiosis, among others) is needed to explain a patient’s symptoms. Nor is it worth considering the possibility that the tick-borne central vasculitis or encephalitis that is suspected by the psychi-
artist. One of the problems with being amazed at the zebra-
defining abilities of many doctors nowadays is that what used to be thought unusual and exotic - late stage tick-borne diseases - is now commonplace. It seems that many doctors are so used to seeing “horses” and “dogs” that they have zebra blind spots and CAN’T see “zebras” at all, despite being surrounded by them and by some “foxes” as well. Perhaps scheduling pres-
trinsic from the medical care/IMOs have led to the sub-
mitted of rigid dogma for the medically investigative mind-
sets of ‘yesteryear’. This change sacrifices physicians’ abilities to attend to their patients with an open-minded medical clinical.

“My will always follow Dr. Xi-
Din the lead in the diagnosis and treat-
ment of Lyme disease because he will always be right.” These words were actually spoken by a noted infectious disease lec-
turer to the staff and medical-
students of a local teaching hospital.

Taking the time to listen to their patients with real curios-
ty can enact a real therapeutic benefit that is not now being leveraged because of the fear of ‘zebras’. Too many physicians don’t have that kind of curiosity to enact a real therapy that is now being leveraged because of the fear of ‘zebras’.

by Dr. Virginia Shear, M.D.

In Defense of Zebras

Q&A with Dr. Jacob Teitelbaum, M.D.

What proportion of your patients do you test for Lyme disease?

“None at all. If you know that you have a disease, you don’t need to know if it is Lyme or not.”

What point in history will we have a good test for Lyme disease? “50% of patients will test negative (false-negative) and some that test positive don’t actually have it (false-positive). It is reasonable to do Lyme testing today, but it is not a silver bullet. It is a screening test with vertigo, a tick bite, or an EM rash.”

One of the more recent research findings in testing for Lyme disease has been the work of the late Lipsett Shoomaker. M.D. He has found that C3a and C4a markers can be a very useful indicator of active Lyme disease. Though this is an area that is still being investigated, I think this could be a very exciting breakthrough. If both C3a and C4a are high, Lyme disease is likely an issue.

How beneficial are laboratory tests in determining a treat-
ment path?

In general, I am skeptical to the effectiveness and
accuracy of many laboratory tests. We have sent samples from the blood draw to labs to have cholesterols tested performed and the results varied by over 160 points between the two sam-
ples. Similar issues are common with cortisol testing. In other words, we have to be careful how much weight we put on tests where the results can often be not be replicated. Although thorough testing should be done, it is critical to treat the patient, not the blood test.

How does SHINE approach Lyme disease?

Every aspect of the SHINE protocol is a key to recovery from Lyme disease. The patient must get adequate sleep (8-9 hours), strict diet, or for better nutrition. The patient must be 2000-4000 units, respectively. Every aspect of the SHINE protocol is a key to recovery from Lyme disease. The patient must get adequate sleep (8-9 hours), strict diet, or for better nutrition.

When someone in an area that is still being actively investigated, I think this could be a very useful indicator of active Lyme disease. Though this is an area that is still being investigated, I think this could be a very exciting breakthrough. If both C3a and C4a are high, Lyme disease is likely an issue.

When a patient tests positive for Lyme disease, do you refer them to an LMD?

It is a shame that we get caught up on “sides”. ILDAs hold beliefs which are largely consistent with my position on chronic Lyme disease. The whole argument is a political one. People with chronic illnesses are often desperate for an answer. You need to look for appropriate treatment. What is important is that there is not always one answer. Often there is a hyper-focusing on Lyme that occurs in the treatment of the disease and we need to broaden our focus in order to truly affect the patient in a sig-
nificant way positive. If treating the Lyme disease with anti-
biotics doesn’t seem to be resulting in improvement for the patient, don’t keep pounding at it. Step back and ask “What are we miss-
ing?” I do believe that there is a persistence of infection in patients with chronic Lyme disease. It is not an easy infection to live.

When a patient tests positive for Lyme disease, do you refer them to an LMD?

It can be helpful to perform a D 25 and D 1,25 level and

How beneficial are laboratory tests in determining a treat-
ment path?

In Defense of Zebras

by Dr. Virginia Shear, M.D.
This is a Must Read Book!

Bartonella: Diagnosis and Treatment

This Book Could Save Your Life!

Heart Attacks | Rage | Fatigue | Agitation | Brain Fog
Migraines | Bipolar Disorder | Rigidity | Addictions
Personality Change | Obesity | Depression
Eye Problems | Unusual Edema | Memory Loss

Lyme Disease’s Cruel Cousin
Found in Ticks, Fleas, Pet Saliva, Lice and Dust Mites

Specializing in Lyme Disease and Associated Tick-Borne Diseases

Welcome to IGeneX!

The laboratory is CLIA-certified, inspected by the Department of Health and Human Services for Medicare testing, and is also licensed in those states with special requirements (California, Florida, Maryland, New York, and Pennsylvania).

For more information: www.bartonellaMD.com

Dr. Schaller is the author of 25 books, he is published in five languages, and has published 27 peer-reviewed journal articles in JAMA, Medicine (academic arm of WebMD), and some of the largest pediatrics, psychiatric, medical, and neurologic journals and newspapers in the world. He is the inventor of a natural, bio-identical anti-depressant, and has also published the first case of a functional blood cancer “cure” which has become an international standard. To contact Dr. Schaller, visit www.personalmed.com. To locate his other current books, go to www.schaller.com and enter "James Schaller."

For more information:
www.igenex.com

www.bartonellaMD.com
**Lyme Disease and Cognitive Impairments**

by Robert Bransfield, M.D.

**Introduction:**

In one patient a college graduate with Lyme encephalopathy (LE). While standing in a room she described her thought processes as having a “log-like” sluggishness. When the light changes, she knows the change from red to green has significance, but at that moment cannot access that green means go and red means stop.

This is one of many examples of cognitive impairments associated with Lyme disease. Although some cognitive symptoms are indirectly a result of other neurological or emotional impairments, others are a direct result of dysfunction of the cerebral cortex.

The examination of human and animal brains has further supported these findings.

The cognitive impairments that we see in the Lyme disease are very different than we see in Alzheimer’s disease. Lyme disease seems to diminish the quality and quantity of white matter, while Alzheimer’s is predominantly a disease of the gray matter. Memory association occurs in the white matter, while memory is the most dependent on the gray matter. White matter dysfunction is a difficulty with slowing of nerve transmission and information processing. In contrast, gray matter dysfunction is a loss of the information which has previously been stored. For example, an Alzheimer’s patient may not recall where his doors are located or where a car is parked.

Encoding is the place where a memory is first formed. We cannot retrieve a memory that was not encoded correctly in the first place. One patient described being upset that someone had eaten his entire supply of yogurt in the kitchen during the night. Her activity during the night was not encoded into memory.

Short term (recent) memory is the ability to remember information for relatively brief periods of time. In contrast, long term memory is information from years in the past (or remote).

In LE, there is a loss of short term memory followed by a loss of long term memory very late in the illness. Patients may have slow losses of recall with different types of deficit (or explicit) information, such as words, numbers, names, faces or simple spatial or spatial cues. Not as common, there may also be slow declines of recall of implicit or procedural memory, such as remembering shoes, or doing other procedural memory tasks.

In long term memory retrieval include errors with letters and/or number sequences. Patients may give entities that resemble letters, reversing the sequence of letters in words, spelling errors, number reversals, or any other type of situation errors (inserting the opposite, closely related or wrong words in a sentence).

**Processing**

Processing is the creation of associations which allow us to interpret complex information and to respond in an adaptive manner. In LE patients they feel like they acquired dyslexia or other learning disabilities, which were not present previously.

Examples of processing functions that may be impaired in the presence of LE include the following:

*Reading comprehension:* The ability to understand what is being read.

*Auditory comprehension:* The ability to understand spoken language.

**Sources:**

We can show people that their Natural Killer (NK) cell function is low. As it is almost always low in CFS and chronic fatigue syndrome (CFS/ME), this may be a sign that your body is not processing nutrition and it may be a sign of stress.

Lyme Disease and Cognitive Impairments...cont'd from pg 7

Q&A: Teitelbaum

---cont’d from pg 7

Goings for walking and exercising yourself is important activities to support the body’s ability to generate Vitamin D. Avoid sunburns, nonetheless.

Can you tell us a bit about the importance of TH1/TH2 balance in people with chronic Lyme disease?

We can show people that their Natural Killer (NK) cell function is low. It is as almost always low in CFS and chronic fatigue syndrome (CFS/ME). If you look just at the patient, in the first five minutes they will tell you what it is like when they exercise. In CFS, we see a decrease of NK cell function.

Can elevated ANA titers be brought back to normal range with treatment?

It is really tremendous. The question has to be “how does the patient feel after all the treatments?” The result is both a subjective and positive and actual result. An elevated ANA suggests that there is an autoimmune component of the illness. Adding DHEA or hydromorphone and optimizing exercise can be important tools. Willow bark, Boswellia, and fish oils are often helpful. My focus is on treating the immune imbalances, not the ANA titers. If you look too much on the blood tests, you forget the art of medicine.

How do you determine when to treat a viral infection with elevated IgG but normal IgM results?

When HIV/HBV is present, it is much easier to determine an elevated IgM positivity is generally observed with acute or recent infection but not with chronic viral infection. Following the work done by Jose Montoya, M.D. in San Francisco, we have seen dramatic results in patients with chronic HHV-4, CMV, and EBV (Epstein-Barr virus).

In a study of 70% of patients have dramatic responses at about the fourth month with Valcyte. It has been very well tolerated and we don’t observe a serious side effect in most patients with Valcyte with very low doses.

I have also observed that when HHV-6 is treated effectively in the immune system, patients feel far better due to improving an attack against the Lyme-related infections.

**Beyond Valcety, what are other effective treatments for HHV-6 and EBV?**

Probacta® is a very effective option. It is an immune modulator and anti-viral agent made of thymus protein. The thymus is a key component of cell-mediated immunity which controls how our immune systems respond to the immune system. However, three times a day for three months is often what I recommend. I have seen it drop EBV titers by 70% and it is likely similar in effect for HHV-6.

ProBoost® is a very effective option. It is an immune modulator and anti-viral agent made of thymus protein. The thymus is a key component of cell-mediated immunity which controls how our immune systems respond to the immune system. However, three times a day for three months is often what I recommend. I have seen it drop EBV titers by 70% and it is likely similar in effect for HHV-6.

I have been very pleased with Valcyte, however. After six months of Valcyte therapy, we usually don’t see a reactive increase in people with chronic fatigue.

Do you support the use of FIR sauna for detoxification?

Yes, in fact, I have one in my home. I recommend High Tech Sedona FIR saunas for the body to detox in a very safe way to detoxify. I generally suggest 30 minutes 3-7 times per week. You can find information on my web site (www.Vitalize.com) and we use detox baths using FIR to support detoxification as well.

Much of the overall toxic burden of the body is the result of chronic infections and leaking gut syndrome. Many of these conditions are found in people with chronic fatigue.

What are the best treatment options for those suffering with MCS/ME/chronic-local sensitivity?

MCS can be quite difficult. NAET (http://www.NAET.com) is an allergy elimination technique that has produced amazing results. This is a form of treatment in which you are tested (15 minutes) for different substances such as coffee, aspirin, and other medications. It identifies the substances that you are sensitive to and eliminates them from your body. Evaluation and addressing leaky gut and adrenal issues are also key components of treating chemically-sensitive patients.

Do you consider biotoxins as an issue and, if so, how do you address them?

Biotoxins are toxic substances produced by living organisms. These toxins do have negative impacts on our health and how we feel. Cholestrol is the most widely accepted treatement for cholesterol, but it really only helps in about 9% of cases. I approach the biotoxin issue differently. Rather than looking for...
QUANTUM BIOFEEDBACK WITH THE EPFX/SCIO:
BALANCING YOUR STRESS NATURALLY

HOW DOES IT WORK?
Quantum Biofeedback with the EPFX/SCIO works by scanning your body much like a virus scan on a computer. It is a therapeutic technology that detects physical, mental and emotional stresses related to the 10,000 most common health factors from everyday allergies to chronic illnesses. The system can deliver balancing frequencies back to a person to assist in releasing imbalances caused or created by any number of factors. The EPFX/SCIO assists in balancing every aspect of the body’s complex systems. This specific stress reduction can help the body to engage its own natural healing process which allows the body to relax and release the stress contributing to imbalances.

Like all other modalities, every individual will react differently. A comprehensive assessment is included in the initial session in order to give the specialist and client a full overview. The information is then utilized to develop a custom protocol for each client. After our comprehensive initial analysis an energetic plan can be developed in collaboration with each person and their physician if needed.

Available Nationwide and Internationally

Top Reasons to utilize Quantum Biofeedback
- FDA Approved Biofeedback device for Relaxation & Stress Reduction
- RIFE-like generator built into the program
- Safety protocols built into the system
- Compatible with other traditional and alternative modalities
- Helps to reduce stress symptoms from Herx reactions
- Helps reduce emotional stress

QUANTUM BIOENERGETIC PROGRAMS
- Enhance Immune System Function – balance lymphatic and drainage organ stress
- Dark Field Blood Analysis – balance pathogen stress energetically
- Nutritional Analysis and Balancing – vitamins, minerals, enzymes energetically balanced for nutritional stress reduction
- Adrenal Stress, Analysis and Balancing – for improved energy & stamina
- Energetic Chiropractic & Acupuncture – reduce stress and balance multiple systems for improved energy
- Energetic Detox – balance stress from heavy metals, amalgams, insecticides
- NLP Emotional Balancing – balance emotional stress and improve mood, sleep, relieve anxiety and more
- Pain Reduction – through stress balancing to muscles, joint, nerve, spine and others
- Relaxation for improved sleep
- Reduce stress related to high blood pressure and cholesterol

Disclaimer: We are not medical doctors nor veterinarians. By law, we cannot diagnose, treat, cure or prevent any disease. Our biofeedback equipment has been registered with the FDA (or appropriate governmental agency). By law, it cannot diagnose, treat, cure or prevent any disease. It is intended to teach you how to relax and manage your stress. We are biofeedback specialists (or neurotherapists) and we do not diagnose, treat, cure or prevent any disease. We do not dispense any drugs of any kind.
“Occam’s Razor”... cont’d from pg 4

The Poison Plum is a gripping, chilling novel exposing the rampaging epidemic of Lyme disease now sweeping across America and the disease’s connection, if any, to the government’s top-secret biological research laboratory at Plum Island, New York.

www.poisonplum.com
You can order the book online at the website!

Q&A: Teitelbaum ...cont’d from pg 9

ways to remove biotoxins, we attempt to identify the sources of the biotoxins and eliminate the source. Several types of laboratory testing can be helpful in assessing the presence of biotoxins. Checking for nasal staph infection is important in looking at the potential sources. Lyme Western Blot testing would be appropriate as Borrelia is a known biotoxin producer. Exposure to indoor molds is another area that has to be investigated in order to eliminate as many of the biotoxins sources as possible. My book discusses a six step program to treat neurotoxins (based on the work of Ritchie Shoemaker, M.D.).

How important is the role of genetics in terms of how people respond to these illnesses?

Genetics plays a big role. Amy Yasko has very beneficial work looking at genetics in the treatment of autistic children. Looking at those genetics is interesting in terms of research, but my preference is to move directly to treatment. I recommend Dr. Rich Van Kuylenburg’s "Modified Methylation Protocol" which is designed to bypass a number of these genetic issues around detoxification.

Elevated ammonia levels can be an issue and can contribute to symptoms. Lactulose binds ammonia and pulls it out of the body.

What role do food allergies play in chronic illness?

It is not uncommon to see food allergies and sensitivities resolve once we treat yeast overgrowth, parasites, and exhausted adrenal glands. Most blood-based food allergy tests are unreliable in my experience. In fact, sending a patient's blood from the same sample to multiple labs performing food allergy testing resulted in anywhere from 25% to 76% of foods being allergic. We cannot make sound medical decisions using tests that are inaccurate.

Nambudripad AllergyElimination Technique (NAET) can both test for and eliminate allergies in a very powerful and effective way. Another option is to try an elimination diet. Some patients have had success with sublingual neutralization drops for allergies as well, though I don't use this technique in my practice. Again, I find that if you address the root cause which is leading to the food allergy, the food allergy itself generally resolves.

How common are parasitic infections?

We see significant parasitic issues in about 1 out of 6 patients. Testing for parasitic infections is again another area where laboratory testing is limited. Diagnostics (www.genovadiagnostics.com), Doctor's Data (www.doctorsdata.com), and the Parasite Testing Center in Arizona (http://www.parasitetesting.com/) are often helpful, but parasitic infections are often missed by traditional lab testing.

What is the prevalence and role of dental infections?

It is significant in 2-5% of patients and may be an issue in 5-15% in total. Vitamin C is good for gum health, as are sugar-free gums and mints. If a patient has dry mouth, this is one of the first things to address as saliva helps to keep infections down. Dry mouth is often caused by medications such as Elavil. Infection under the gum, known as "periodontal disease" can be a source of chronic inflammation and adds to the total burden of infection. Ozone therapy can be helpful in dealing with these dental infections.

How important is gluten avoidance?

Gluten is a moderate issue. It is important that we are sure that gluten is an issue when we make the recommendation to take a patient off of all gluten-containing foods. What I find is that when we address low cortisol levels and resolve bowel infections, food allergies generally resolve. Anti-gluten antibodies are not as important as anti-graminacea antibodies. When the latter are elevated, an elimination diet and treatment with NAET is often appropriate.

Do you look at hypercoagulability?

We don’t do Hemex testing as it seems that over 95% of people we have tested have abnormalities. Hepatins is a very effective treatment for about 1/5 of patients but it could be the result of one of a number of anti-oxid properties as much as its ability to address hypercoagulated blood. Coumadin, for example, thins the blood but does not have the same effect on the patient. Nutraceuticals has not been helpful in my experience. However, Labrokinase, Willow bark, and fish oils can be helpful.

Fibromyalgia & Fatigue Centers Newsletter

Patient pamphlets and newsletter are available free of charge to help you find the answers you need. Simply go to the website:

http://www.fibroandfatigue.com/newsletter.php

Call and speak with a Patient Representative at: 1.866.443.4276

Monday – Friday, 7:30am to 9:00pm CST
Saturday – Sunday, 9:00am to 6:00pm CST

Page 12

www.publichealthaieta.org

Public Health Alert

Features

State University.

fascinated by plants and ani-

and wintered in Cape Coral,


died Saturday, June 7th, 2008,

Pamela Truscott Byrne, 57,

KNOXVILLE, Md.

--

She worked as an agri-

She was born March 19,

from complications of Lyme
disease.

She was born March 19,

in Newport News, Va. 

she was fascinated by plants and ani-

mals and was also a talented 

artist. She graduated from Ohio 

State University.

"Occam’s Razor"... cont’d from pg 4

How important is the role of genetics in terms of how people respond to these illnesses?

Genetics plays a big role. Amy Yasko has very beneficial work looking at genetics in the treatment of autistic children. Looking at those genetics is interesting in terms of research, but my preference is to move directly to treatment. I recommend Dr. Rich Van Kuylenburg’s "Modified Methylation Protocol" which is designed to bypass a number of these genetic issues around detoxification.

Elevated ammonia levels can be an issue and can contribute to symptoms. Lactulose binds ammonia and pulls it out of the body.

What role do food allergies play in chronic illness?

It is not uncommon to see food allergies and sensitivities resolve once we treat yeast overgrowth, parasites, and exhausted adrenal glands. Most blood-based food allergy tests are unreliable in my experience. In fact, sending a patient's blood from the same sample to multiple labs performing food allergy testing resulted in anywhere from 25% to 76% of foods being allergic. We cannot make sound medical decisions using tests that are inaccurate.

Nambudripad Allergy Elimination Technique (NAET) can both test for and eliminate allergies in a very powerful and effective way. Another option is to try an elimination diet. Some patients have had success with sublingual neutralization drops for allergies as well, though I don't use this technique in my practice. Again, I find that if you address the root cause which is leading to the food allergy, the food allergy itself generally resolves.

How common are parasitic infections?

We see significant parasitic issues in about 1 out of 6 patients. Testing for parasitic infections is again another area where laboratory testing is limited. Diagnostics (www.genovadiagnostics.com), Doctor's Data (www.doctorsdata.com), and the Parasite Testing Center in Arizona (http://www.parasitetesting.com/) are often helpful, but parasitic infections are often missed by traditional lab testing.

What is the prevalence and role of dental infections?

It is significant in 2-5% of patients and may be an issue in 5-15% in total. Vitamin C is good for gum health, as are sugar-free gums and mints. If a patient has dry mouth, this is one of the first things to address as saliva helps to keep infections down. Dry mouth is often caused by medications such as Elavil. Infection under the gum, known as "periodontal disease" can be a source of chronic inflammation and adds to the total burden of infection. Ozone therapy can be helpful in dealing with these dental infections.

How important is gluten avoidance?

Gluten is a moderate issue. It is important that we are sure that gluten is an issue when we make the recommendation to take a patient off of all gluten-containing foods. What I find is that when we address low cortisol levels and resolve bowel infections, food allergies generally resolve. Anti-gluten antibodies are not as important as anti-graminacea antibodies. When the latter are elevated, an elimination diet and treatment with NAET is often appropriate.

Do you look at hypercoagulability?

We don’t do Hemex testing as it seems that over 95% of people we have tested have abnormalities. Hepatins is a very effective treatment for about 1/5 of patients but it could be the result of one of a number of anti-oxid properties as much as its ability to address hypercoagulated blood. Coumadin, for example, thins the blood but does not have the same effect on the patient. Nutraceuticals has not been helpful in my experience. However, Labrokinase, Willow bark, and fish oils can be helpful.
Imagine yourself out- side on a bright sunny day. You are sitting on your back deck enjoying the outdoors, feeling a bit lightheaded and faint that you have made it this far. You finally received a Lyme diagnosis. You are overwhelmed with misinformation and a wild goose chase, and are left with jaded and maddening influx of clue- less doctors that comes with it. You just got your neck central line, to get to finally start your IV antibiotics for Lyme. You are nervous and overworked at the entire thing, but you are glad you finally began the treatment you have needed for months or years.

You start your first 6 weeks of IV antibiotics and everything goes smoothly. You heal yourself up, you start feeling extraordinar- ily, and that is a normal and expected reaction. All your symptoms subside, and you even notice some new ones popping up that you never had before. You must be getting better, you are dying at times because your body is overwhelmed with tox- ins and things that need to be processed.

You keep going with your treatment, taking special care of your IV line, and you know you will need it for a while longer.

Then one morning you wake up, and flush your IV line with saline, and prepare your IV antibiotic for administration. You’re done this hundreds of times before, it is a normal part of your daily rou- tine. Unfortunately, this IV treatment, this day is different, unlike any other. As you flush the line with saline, you notice your hand starts hurting, and you suddenly feel sick to your stomach. Almost instantaneous- ly, you begin to sweat, you feel flush all over your body, you start to sweat and you feel fuzzy in the head. A minute goes by, you start to vomit, and you feel like something is taking over your entire being. Your heartbeats- moneter out of your drawer, and much to your alarm, it reads 101 degrees in a panic, you check it again. This time it’s measuring off the end limit at 104.7 degrees and climbing. You start to throw up all over yourself and your heart is racing, you can not catch your breath. Your entire body is shaking violently and you know something get worse, and you are dying at times because your body is overwhelmed with tox- ins and things that need to be processed.

What’s happening to you is called septic shock. It’s not a common shock, it’s also known as sepsis, and it occurs when an infection that is or may be septic shock. It’s a life-threatening, and severe illness that can cause a fatal blood infection. When this happens, you are referred to as a “septic” patient. Immune system becomes necessary to save your life. If you become “septic,” you will likely die. Don’t check it out in that you are considered to be in ‘septic shock’. Sepsis can come from many places, the body’s immune system defense from the sinus infections made by the infecting agent (such as a bacteria, virus, or fungus). Many different microbes can cause sepsis. Although bacteria are most common and fungi can also cause sepsis. To all of you who have IV lines, your doctor may or may not have warned you about the dangers of hav- ing IV lines. Often times patients are coached on how to adminis- ter their IV antibiotics, how to flush the line with saline solution and heparin to prevent clots and keep the blood line in the line. Most PICC line users know how to change the dressing, how to shower with the PICC line, and how to get blood work.

What many patients do not know is what to do if you ever get infected. Most doctors do not rou- tinely explain what to do if you become septic because it would likely scare the patient quite badly. Most vascular surgeons, and those who have open surgery (who insert the central line) also do not explain what to do if it gets infected, when to remove the line, or what to do if it ever leaks.

As a Lyme disease patient, and a two-time septic shock survivor, I am here to share any experience with the dangers of IV lines. This is blood work while you are on IV and be extra careful during all of your social activities. Many of your travel long dis- tances to see your LLMD, sometimes to other states and far from the comfort of your home. It is important to keep the very reason (one of them at least) why your LLMD requires you to have a local physician following your care, so you can call him/her in a situation like this. Always make sure you keep your Lyme IV line clean. Learn how to change your dressing, and always use sterile tech- nique, which includes wearing a mask every time. Keep your IV line clean, and do not try to min- imize or abuse the line in any way by overextressing yourself. If you notice a temperature ris- ing during or after an IV infu- sion, call your doctor. If you ever feel pain all over your body, in the PICC line itself, or on your central line your IV and tell your emergency doctor and call your doctor. If you ever encounter resistance while pushing the line, look for the dangers and what to do. Each patient is different, as is each Lyme disease patient. I had extremely high fever and blood pressure during the first Lyme treatment. My new Hickman catheter, I had very low blood pressure and fainting, but did again have a stroke and was not sure whether the ER by ambulance both times.

Remember that just as there is a risk of not treating Lyme disease or Cancer, there is equal if not greater risk of not using IV therapy.

Sepsis is a very serious condition, no matter what you do. Simply put, it kills people. If you are a victim of severe sepsis, the hospital will not receive enough oxygen and they may fail or shut down. When the body cannot function and death occurs, the treatment of severe sepsis intervention is rapid diagnosis and then prompt and appropri- ate treatment. For Lyme patients, in the rare case of symp- toms of sepsis, please do not do or take anything as a herx reaction. It may seem to you like your body is coming to save you, and they may fail or shut down. When the body cannot function and death occurs, the treatment of severe sepsis intervention is rapid diagnosis and then prompt and appropri- ate treatment. For Lyme patients, in the rare case of symp- toms of sepsis, please do not do or take anything as a herx reaction. It may seem to you like your body is coming to save you, and they may fail or shut down. When the body cannot function and death occurs, the treatment of severe sepsis intervention is rapid diagnosis and then prompt and appropri- ate treatment. For Lyme patients, in the rare case of symp- toms of sepsis, please do not do or take anything as a herx reaction. It may seem to you like your body is coming to save you, and they may fail or shut down. When the body cannot function and death occurs, the treatment of severe sepsis intervention is rapid diagnosis and then prompt and appropri- ate treatment. For Lyme patients, in the rare case of symp- toms of sepsis, please do not do or take anything as a herx reaction. It may seem to you like your body is coming to save you, and they may fail or shut down. When the body cannot function and death occurs, the treatment of severe sepsis intervention is rapid diagnosis and then prompt and appropri- ate treatment. For Lyme patients, in the rare case of symp- toms of sepsis, please do not do or take anything as a herx reaction. It may seem to you like your body is coming to save you, and they may fail or shut down. When the body cannot function and death occurs, the treatment of severe sepsis intervention is rapid diagnosis and then prompt and appropri- ate treatment. For Lyme patients, in the rare case of symp- toms of sepsis, please do not do or take anything as a herx reaction. It may seem to you like your body is coming to save you, and they may fail or shut down. When the body cannot function and death occurs, the treatment of severe sepsis intervention is rapid diagnosis and then prompt and appropri- ate treatment. For Lyme patients, in the rare case of symp- toms of sepsis, please do not do or take anything as a herx reaction. It may seem to you like your body is coming to save you, and they may fail or shut down. When the body cannot function and death occurs, the treatment of severe sepsis intervention is rapid diagnosis and then prompt and appropri- ate treatment. For Lyme patients, in the rare case of symp- toms of sepsis, please do not do or take anything as a herx reaction. It may seem to you like your body is coming to save you, and they may fail or shut down. When the body cannot function and death occurs, the treatment of severe sepsis intervention is rapid diagnosis and then prompt and appropri- ate treatment. For Lyme patients, in the rare case of symp- toms of sepsis, please do not do or take anything as a herx reaction. It may seem to you like your body is coming to save you, and they may fail or shut down. When the body cannot function and death occurs, the treatment of severe sepsis intervention is rapid diagnosis and then prompt and appropri- ate treatment. For Lyme patients, in the rare case of symp- toms of sepsis, please do not do or take anything as a herx reaction. It may seem to you like your body is coming to save you, and they may fail or shut down. When the body cannot function and death occurs, the treatment of severe sepsis intervention is rapid diagnosis and then prompt and appropri-
Lyme disease he could consis-
tently shoot 13 to 14 out of 15 free throws from the basketball foul line. Now he averages 3 of 15, and misses some shots by several feet.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

PERSONALITY CHANGE. As illness, memory impairments, phobias, compulsions, weaknesses, obsessions, aggression, irritability, a Tourette's-rage, extreme marital discord, the patient exhausted and feeling as though they were overwhelmed. If new Lyme patients get very lost and frustrated, after the session time is over, and they may be in a state of fury. They struggle to hide this, but often they are furious because lateness is not their usual style and they can't make sense of why they are not on time. It seems not fair to them and why they are not on time. It does not seem fair to them and why they are not on time.

Racing thoughts: May inter-
face with productive thought.

An assessment of each of these areas of functioning is a critical part of the clinical assessment of LE. The cogni-
tive assessment is only a part of the assessment of LE. Other components include the psychi-
atrical assessment, the neurol-
ogical assessment, a review of

FEATURES

“Impairment” ...cont’d from pg 9

Lyme disease he could consis-
tently shoot 13 to 14 out of 15 free throws from the basketball foul line. Now he averages 3 of 15, and misses some shots by several feet.

Psychiatrists usually start ses-
sions with their checkbook.

Calculation ability: The ability to perform mathematical calcu-
lations without using fingers or calculators. Many LE patients describe an increased error rate with their checkbook.

Fluency of speech: The ability to speak or write smoothly. This function is dependent upon adequate speed of word retrieval.

Stuttering: The tendency to stutter when speech is begun with certain sounds. Stammered speech is a sharing of words, which can give the appearance of intoxication.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

Capacity for complex problem solving: May be affected with dysfunctions such as frontal lobe damage or white matter lesions.

Concentration: The ability to focus thought and maintain attention to a task. The ability to concentrate and be effective while performing multiple simultaneous tasks.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Fluency of speech: The ability to speak or write smoothly. This function is dependent upon adequate speed of word retrieval.

Stuttering: The tendency to stutter when speech is begun with certain sounds. Stammered speech is a sharing of words, which can give the appearance of intoxication.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

Capacity for complex problem solving: May be affected with dysfunctions such as frontal lobe damage or white matter lesions.

Concentration: The ability to focus thought and maintain attention to a task. The ability to concentrate and be effective while performing multiple simultaneous tasks.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

Capacity for complex problem solving: May be affected with dysfunctions such as frontal lobe damage or white matter lesions.

Concentration: The ability to focus thought and maintain attention to a task. The ability to concentrate and be effective while performing multiple simultaneous tasks.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

Capacity for complex problem solving: May be affected with dysfunctions such as frontal lobe damage or white matter lesions.

Concentration: The ability to focus thought and maintain attention to a task. The ability to concentrate and be effective while performing multiple simultaneous tasks.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

Capacity for complex problem solving: May be affected with dysfunctions such as frontal lobe damage or white matter lesions.

Concentration: The ability to focus thought and maintain attention to a task. The ability to concentrate and be effective while performing multiple simultaneous tasks.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

Capacity for complex problem solving: May be affected with dysfunctions such as frontal lobe damage or white matter lesions.

Concentration: The ability to focus thought and maintain attention to a task. The ability to concentrate and be effective while performing multiple simultaneous tasks.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

Capacity for complex problem solving: May be affected with dysfunctions such as frontal lobe damage or white matter lesions.

Concentration: The ability to focus thought and maintain attention to a task. The ability to concentrate and be effective while performing multiple simultaneous tasks.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

Capacity for complex problem solving: May be affected with dysfunctions such as frontal lobe damage or white matter lesions.

Concentration: The ability to focus thought and maintain attention to a task. The ability to concentrate and be effective while performing multiple simultaneous tasks.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

Capacity for complex problem solving: May be affected with dysfunctions such as frontal lobe damage or white matter lesions.

Concentration: The ability to focus thought and maintain attention to a task. The ability to concentrate and be effective while performing multiple simultaneous tasks.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

Capacity for complex problem solving: May be affected with dysfunctions such as frontal lobe damage or white matter lesions.

Concentration: The ability to focus thought and maintain attention to a task. The ability to concentrate and be effective while performing multiple simultaneous tasks.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

Capacity for complex problem solving: May be affected with dysfunctions such as frontal lobe damage or white matter lesions.

Concentration: The ability to focus thought and maintain attention to a task. The ability to concentrate and be effective while performing multiple simultaneous tasks.

Transposition of laterality: The ability to rotate something 180 degrees in your mind. For example, the ability to visualize a mirror image of your face.

Fluency of written language: The ability to express thoughts complete and error-free language. Fluent speech is a continuous stream of ideas without any interruption.

Capacity for complex problem solving: May be affected with dysfunctions such as frontal lobe damage or white matter lesions.

Concentration: The ability to focus thought and maintain attention to a task. The ability to concentrate and be effective while performing multiple simultaneous tasks.
Medical Perspectives

I Recommend Researched Nutritionals® for My Patients...

...Joseph Burrascano, M.D.

The Mitochondrial Component
One of the most common complaints among our patients is lack of energy. I became intrigued with NT Factor Energy™ during a medical conference presentation which showed a 40% reduction in fatigue in eight weeks (1). When I tested my patients on this product, they reported a noticeable improvement in energy. The product’s success is due to its ability to deliver a stabilized and absorbable phospholipid complex to promote healthy mitochondrial membrane potential.

The Immune Component
Most of our patients’ immune systems are very weak. In order to provide the nutritional support for a healthy immune system, I recommend Transfer Factor Multi-Immune™. These folks have put a lot of thought into developing a product which promotes healthy natural killer cell function. The combination of transfer factor and the herbal and nutritional base make this an extremely effective product.

Adrenal Component
I believe that we also need to address adrenal fatigue. Energy Multi-Plex™ includes fourteen researched nutrients to support adrenal health, including D-Ribose, Panax Ginseng, Acetyl-l-Carnitine, Alpha Lipoic Acid, Pyruvic Acid, 7 Keto DHEA, CoQ10, Methylcobalamin and L-Taurine. Patients like the convenience of this comprehensive formula versus taking three or four different products. Plus it saves them money.

The Gut Component
Prescript-Assist Pro™ is clearly a step above what has been generally available, and I highly recommend it. If you do not have enough good gut flora, then you may not only develop GI upset and bad flora overgrowth, but you may also develop food allergies and other ugly stuff. There is nothing more important than a good probiotic. This product was developed to assist you if you are taking antibiotics – Prescript-Assist Pro™.

Call 800-755-3402
Fax 805-693-1806
ResearchedNutritionals.com

*These statements have not been evaluated by the FDA. These products are not intended to diagnose, treat, cure or prevent any disease.
IN THE NEWS

POWERFUL NEW ARSENAL

for today’s health challenges

“The Nutramedix products are the most effective natural products I use on my patients.”

— Wm. Lee Cowden, MD, FACC
Cardiologist, Internist, Author, Lecturer

COWDEN SUPPORT PROGRAM
Free 6-Month Course For One Patient For Health Care Professionals
Limited Offer — Contact Us For Details

Providing Quality Natural Products Since 1993

info@nutramedix.com • www.nutramedix.com • Tel: 1-800-730-3130 1-561-745-2817 • Fax: 1-561-745-3017

These statements have not been evaluated by the FDA. These products are not intended to diagnose, treat, cure or prevent any disease.